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DATE NOTICE SENT TO ALL PARTIES: 7/5/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of Methadone 10mg #90/month, Roxicodone 15 mg #120/month, and Amitiza 24 mcg #60.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Anesthesia and Pain Management. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Methadone 10mg #90/month, Roxicodone 15 mg #120/month, and Amitiza 24 mcg #60.

PATIENT CLINICAL HISTORY [SUMMARY]:
Claimant is a female with a date of injury of XX/X/XX who has persistent neck and lower back pain. Claimant is status post lumbar spinal fusion in XXXX and cervical spinal fusion in XXXX, with cervical removal of hardware in XXXX. Current medications include diazepam, robaxin, Cymbalta, amitiza, methadone and Roxicodone. She states her medications are working well in keeping her back and neck pain under control. Exam reveals continued myofascial features prevalent prominently and continued findings of lumbar paravertebral spasms as well bilaterally. Diagnoses are low back pain, cervicalgia and long term use of opiate analgesics. Treatment plan is for refilling Roxicodone, methadone, amitixa, and robaxin.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

ODG 2016 Pain Chapter - Methadone
Recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists, where first-line sue may be appropriate. Due to the complexity of dosing and potential for adverse effects including respiratory depression and adverse cardiac events, this drug should be reserved for use by experienced practitioners (i.e. pain medicine or addiction specialists). (ICSI, 2009) Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. Limited evidence suggests there may be a role for this drug for neuropathic pain, in part secondary to the N-methyl-D-aspartate (NMDA) receptor effect. While methadone is considered safe and effective when used as prescribed it has been suggested by government agencies such as the National Drug Intelligence Center that claimants prescribed methadone should be monitored by a physician well trained in the pharmacodynamics and pharmacokinetic properties of the drug, particularly if the claimant is opioid naïve. In addition, the claimant should be made aware of potential adverse effects including drug-drug interactions. If methadone is used, see Opioids, criteria for use of general recommendations.

Per ODG, Roxicodone is an opioid analgesic indicated for moderate to moderately severe pain and is used to manage chronic and acute pain. In order to be medically necessary any opioid analgesic requires review and documentation of pain relief, functional status, appropriate use and a lack of side effects. In this case, no documentation of functional benefit is noted. Discontinuation should taper to avoid withdrawal symptoms.

Per ODG, Amitiza should be a second line treatment when the first line treatment fails. In this case, it is not clear that the first line treatment has failed or that there are documented extenuating circumstances that would support such a deviation from treatment protocols.

There is no documentation of a maintained increase in function or decrease in pain with the use of these medications. Ongoing Controlled Substance Utilization Review and Evaluation System reports to monitor for aberrancy and/or reports of intolerance to applicable oral agents have not been evidenced. Therefore, the request is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)